STATE OF CALIFORNIA GRAY DAVIS, Governor



BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION

Physical Address: 400 "R" Street, Suite 5000 • Sacramento, CA 95814-6200 Mailing Address: P.O. Box 980818 • West Sacramento, CA 95798-0818 Phone: (916) 445-3427 • FAX: (916) 323-6571



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STRF Assessment Reporting Forms #STRF 03, 04 and 05

EXHIBIT A

School Code School Name School Address Line 1 School Address Line 2

GENERAL INFORMATION FOR QUARTERLY ASSESSMENT REPORT

Assembly Bill 201, Chapter 621, statutes of 2002, signed into law on October 9, 2001 made changes to the method and rate for calculating the quarterly assessment fee to the Student Tuition Recovery Fund (STRF).

Beginning January 1, 2002, all institutions not otherwise excluded are required to collect a STRF assessment fee from its new enrolled students. Excluded from this assessment are those students whose total tuition charges, as defined in subdivision (k) of Section 94852 of the California Education Code are from third-party payers. A third party payer for the purposes of assessment, means: an employer, government program (other than the guaranteed student loan program), or other payer that pays the students total charges directly to the institution when no separate agreement for the repayment exists between the third-party and the student. A student who receives third-party payer benefits for all of his or her institutional charges is not eligible for benefits from the STRF. (California Education Code Section 94945 (a).)

The amount assessed shall be calculated only for those students who are California residents and who are eligible to be reimbursed from the STRF. The assessment shall be based on the actual amount charged each student for total tuition cost, regardless of the portion that is prepaid. Each institution shall collect the amount assessed from each student, and remit these fees to the Bureau during the quarter immediately following the quarter in which the fees were collected. An institution may not charge a fee of any kind for the collection of the STRF fee. An institution may refuse to enroll a student who has not paid, or made provisions to pay the appropriate STRF fee (California Education Code Section 94945 (a)(1).)

The amount of the assessment shall be based on total tuition cost paid.

- (A) For the period of January 1, 2002 to December 31, 2002 inclusive, the assessment rate is three dollars (\$3.00) per one thousand dollars of tuition costs, rounded to the nearest thousand dollars.
- (B) Commencing with January 1, 2003, the assessment rate is two dollars and fifty cents (\$2.50) per one thousand dollars of tuition costs, rounded to the nearest thousand dollars. (California Education Code Section 94945 (a)(1), (2).)

Instructions for Completion of the Quarterly Assessment Report, / Form # STRF-03:

To complete the Quarterly Assessment Report:

- 1. In Column "A" enter the Course/Program Name.
- 2. In Column "B" enter the total course cost charged each student for the course/program.
- 3. In Column "C" enter the total course cost rounded up to the nearest \$1,000 (CEC Section (94945 (a)(1).)
- 4. In Column "D" enter the computation of the value in column "C" divided by 1,000, multiplied by \$3.00.
- 5. In Column "E" enter the total number of new students subject to STRF enrolled during the quarter.
- 6. In Column "F" enter the computation of the value in Column "D" multiplied by the value in Column "E". This is the amount of STRF assessment due for this course.
- 7. Enter The Totals of Column "E" on "Totals This Quarter" Line.
- 8. On the line "Net payment due this Quarter", enter the result of "Totals this Quarter", minus "Less Credit". The "Less Credit" column reflects the amount credited to your institution and will be provided to you by the Bureau along with your assessment report. If no credit amount is provided from the Bureau, put zero in this column.
- 9. If you did not have any students paying tuition during this quarter, check the box at the bottom of the form and explain.
- 10. Sign the declaration.
- 11. Mail the completed form together with your payment to:

BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION POST OFFICE BOX 980818 WEST SACRAMENTO, CALIFORNIA 95798-0818

The filing of the Quarterly Assessment Report is required even if no payment is due.

Bureau for Private Postsecondary and Vocational Education Student tuition Recovery Fund 400 R Street, Suite 5000

(916) 445-3427

Quarterly Ass	essment	Report Fo	orm		
REPORT QUARTER: Due Date: Delinquent Date:	School N School C Mailing A				
(A) Course/Program Name	(B) Total Course Cost	(C) Total Course Cost Rounded Up to Nearest \$1,000	(D) Divide the Value in Column (C) by 1,000 and multiply by \$3.00 [(C)/1000 * \$3.00 =(D)]	(E) Number Of Stydents Paying Tuition During Quarter	(F) Total STRF Payment Due Multiply column (D) by (E) [(D) * (E) =(F)]
Totals this	Quarter				
Less	CREDIT				
Net Payment Due this	s Quarter				
If no new students enrolled this quarter, check Explain:	this box:				
Declaration: "I declare under penalty of perjury unde herein reported is true and correct."	r the laws	of the Sta	te of Califol	rnia that ti	he information
Signature of Person preparing this Form:	····		<i>[</i>)ate:	
Printed Name of Person preparing this Form:		· · · · · ·			

Bureau for Private Postsecondary and Vocational Education 400 R Street, Suite 5000, Sacramento, Ca 95798-0816 Tel (916) 455-3427 Fax (916) 323-6571 Student Tuition Recovery Fund

Quarterly Assessment Reporting Form Supplemental Listing

REPORT QUARTER: Due Date: Delinquent Date:	School Code: School Name: Mailing Address:						
(A) Course/Program Name	(B) Total Course Cost	(C) Total Course Cost Rounded Up to Nearest \$1,000	(D) Divide the Value in Column (C) by 1,000 and multiply by \$3.00 [(C)/1000 * \$3.00 =(D)]	(E) Number Of Students Paying Tuition During Quarter	(F) Total STRF Payment Due Multiply column (D) by (E) [(D) * (E) =(F)]		
			/				
				\			
Totals this page							

Instructions: Utilize this supplemental listing only in the event there is insufficient space on the primary report to list all of your courses/programs. Total columns E and F, add to the primary report form appropriately.

Quarterly Assessment Report Form

REPORT QUARTER: 1/1/2002 - 3/31/2002

Due Date: 4/30/2002 Delinquent Date: 5/1/2002

School Name: School Code:			
Mailing Address:		/	

Delinquent Date. 3/1/2002					
(A)	(B)	(C)	(D)	(E)	(F)
			/	ľ	Total
	Total	Total Course	Divide the Value in	Number Of	STRF Payment
	Course	Cost	Column	Students	Due
Course/Program Name	Cost	Rounded	(C) by	Paying	
		Up to	1,000 and	Tuition	Multiply
		Nearest	multiply by	During	column (D)
		\$1,000	\$3.00	Quarter	by (E)
			[(C)/1000 * \$3.00 =(D)]		[(D) * (E) =(F)]
Example: DRAFTING PROGRAM	\$3,500.	\$4000.	\$12.00	25	\$300.00
2	Ψυ,υυ.	1 / /	Ψ.2.00		φεσσισσ
Example: TAX PREPARER COURSE OF STUDY	\$ 1,000.	\$1000.	\$3.00	10	\$ 30.00
Example: Pilot training (3 year course)	\$29,895.	\$30,000.	\$90.00	10	\$900.00
		1			
Example: Short Term Career Training (less than 250 Hours)	\$ 1,795.	\$2,000.	\$6.00	10	\$ 60.00
/					
/					\$1290.00
Totals this	s Quarter				
					Φ /NI/A\
Less	CREDIT				\$ (N/A)
		`			\$1290.00
Net Payment Due this	s Quarter				,
If no new students enrolled this quarter, check Explain:	this box:				

Declaration:

"I declare under penalty of perjury under the laws of the State of California that the information herein reported is true and correct."

Signature of Person preparing this Form:______ Date: _____

Printed Name of Person preparing this Form:_____

STRF-03 (January 1, 2002)